

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/25/05</u>		2 Serial/Patent # <u>10/522719</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ 100.00						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td>--</td><td> </td><td> </td><td> </td></tr></table>					--			
		--								
<input type="checkbox"/>	No Fee Due (Explanation):									
<u>CC Refund</u>										
<u>Fee Code Correction</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>BAC</u>		Adjustment date: 06/27/2005 BCAMPBEL 0270371635 OF KEY: 00000166 10522719 02 FC:1632 -500.00 OP								
OFFICE: <u>PCT/DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: